	t:		1 .				
	PLACE OF BIRTH	ADIZOT	M	\$ \}_		FLA	
1	47	ARIZON	A STATE	BOARD	OF HEA	' 7' /	
	County of June	BUREAU	OF VITAL STATIS	Tice		LIU	
1	District of.				State Index	No	
e Charles	Town of Micenia	ORIGINAL C	ERTIFICATE O	F BIRTH	Co. Register	No. Q5 ~	
ř	ог	•		L	ocal Registrar's	Νο.	
H	City of	(No	·y···				
1	FULL NAME OF CHILD.	1 Th		····· ································	<u>*</u>	Ward)	
1. 5.		10	rary		§ Born	1 Y	
If child is not named, make Supplemental Report on blank obtainable from local registrar. Sex of Twin,						NO	
	Child Triplet	in and hinor	der 6 Legiti-	Date of 9	an 20		
	Full / FATHER /	of bi	rth 6 mate?	Birth	Ionth) (Day)	<u>وج 191</u> (Yr.)	
	Name Line (1)		Full Maiden 4	MOTHER	1 7		
1	Residence		Name Ju	uie q	1 - Theed	₽ .	
	Meane		Residence	711	,		
	Color or Race Age at last Birthday.	34	Color	00	Age at last 3		
	Birthplace	(Years)	or Race	VI_	Birthday		
4	Colo		Birthplace	00		Years)	
2	Occupation		Occupation	_00			
	Fransfer Man	_	Occupation	21			
3		7					
	Number of child of this mother (2. Number of children,	of this mother, now living	Were preca	utions taken against O	phthalmia neonatorum?	Ma	
	CERTIFICATE O	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
	" " creary certify that I attended the hints as	ahove abilds	a landonii	Jun 30		30	
74.76) clan or midwife then the table purish /	above child; and	that it occurred on.	Jan 20		/_M.	
Š	should make this return.	•	(Signature)	charl	6. In	- dad	
	Given or christian name added from a		(Atte	nding physicial	n, midwife, houseb	older.*)	
2	supplemental report191		Address	Mre	mi ar	Ù.	
9	191	Filed 2/26	Brosto	AZLE	15	2	
	068-120-164			J	OCAL REGISTR	AD.	
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